10/532754

Attorney Docket No. 4492-0125PUS1

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	IMAGE FORMING AP	11111100						
Fill in Appropriate	forth above and for the	following			tion is identified by the	•		
Information -	The specification v	vas filed on					as	
For Use Without	United States App	lication Numbe	er			-		
Specification	and amended on _			•		(if applicable)	and/or	
Attached:	International App	as filed on <u>Octo</u>	ober 31, 2003	20			as PCT	
	amended on	ucation Numbe	F FC1/ JP2003/01398	59		(if apr	olicable)	
					de a constitue de la constitue		,	
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, a amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Code (1975).							
	thereof, or patented or	described in an	ny printed publication	on in any country l	e United States of Amer before my or our inven	tion thereof or m	ore than one	
	year prior to this appli prior to this application date of this application representative or assign patent or inventor's cer application by me or me	cation, that the n, that the inver n in any coun ns more than to tificate on this y legal represer	same was not in puntion has not been putry foreign to the luwelve months (six minvention has been fortatives or assigns.	ablic use or on sale atented or made th United States of A nonths for designs) filed in any country except as follows.	e in the United States of the subject of an inventor timerica on an application prior to this application of foreign to the United States	f America more to r's certificate issu- ion filed by me n, and that no ap States of America	han one year ed before the or my legal oplication for prior to this	
	I hereby claim for or inventor's certificate a filing date before that	eign priority be listed below an	enefits under Title 35 ad have also identifie	5, United States Coo d below any foreign	de, §119(a)-(d) of any fon application for patent	reign application or inventor's certi	(s) for patent ficate having	
	Prior Foreign Applic		-			Priority C	laimed	
Insert Priority Information:	2002-319964	IAPANI		November	/1 /2002	$\boxtimes$		
(if appropriate)	(Number)	(Country)		(Month/D	/1/2002 ay/Year Filed)	Yes	□ No	
	(							
	(3.T. 1. )	(0 . )			ay/Year Filed)	Yes	No	
	(Number)	(Country)		(Monthly D	,,,			
	(Number)	(Country)		<u></u>	ay/Year Filed)	☐ Yes	□ No	
	(Number)	(Country)		(Month/Da	ay/Year Filed)	Yes .	No	
		(Country)		(Month/D	ay/Year Filed)	Yes Yes Yes	No No	
	(Number)	(Country)		(Month/D	ay/Year Filed)	Yes Yes Yes	No No	
Application(s):	(Number)	(Country) (Country) fit under Title 3		(Month/D	ay/Year Filed) ay/Year Filed) nited States provisional	Yes Yes Yes	No No	
Application(s):	(Number) (Number) I hereby claim the bene	(Country) (Country) fit under Title 3		(Month/Da (Month/Da de, §119(e) of any U	ay/Year Filed)  ay/Year Filed)  inited States provisional  Date)	Yes Yes Yes	No No	
Insert Provisional Application(s): (if any)	(Number)  [Number]  [I hereby claim the bene]  [Application Number]	(Country) (Country) fit under Title 3	35, United States Coc	(Month/Date, §119(e) of any U  (Filing	ay/Year Filed)  ay/Year Filed)  inited States provisional  Date)	Yes □ Yes applications(s) li	No  No Sted below.	
Application(s): if any) insert Requested information:	(Number)  [Number]  [I hereby claim the bene (Application Number)  [Application Number]  All Foreign Application	(Country) (Country) fit under Title 3	35, United States Coo	(Month/Date, §119(e) of any U  (Filing	ay/Year Filed)  ay/Year Filed)  inited States provisional  Date)  Date)  More than 12 Months (6)	Yes  Yes  Applications(s) li	No  No Sted below.	
Application(s): if any)  nsert Requested nformation:	(Number)  (Number)  I hereby claim the bene  (Application Number)  (Application Number)  All Foreign Application the Filing Date of This and This	(Country)  (Country)  (Country)  fit under Title 3  as, if any, for an Application:  efit under Title plication(s) list nited States are edge the duty (1.56 which bec	as, United States Coo Application Numbers of States Cored below and, insof d/or PCT application of disclose informaticame available betw	(Month/Date, §119(e) of any U  (Filing  (Filing  (Filing  (Filing  The Control of the State of t	ay/Year Filed)  ay/Year Filed)  inited States provisional  Date)  Date)  More than 12 Months (6	Yes Yes Yes Yes applications(s) li Months for Des: h/Day/Year) T application(s), in so of this application of Title 35, its defined in Title is defined in Title	No No Sted below.  igns) Prior to cation is not United States	
Application(s): if any)  nsert Requested  nformation: if appropriate)	(Number)  (Number)  I hereby claim the bene (Application Number)  (Application Number)  All Foreign Application the Filing Date of This Accountry  I hereby claim the bene continuation-in-part ap disclosed in the prior U Code, §112, I acknowl Federal Regulations, §	(Country)  (Country)  (Country)  fit under Title 3  as, if any, for an Application:  efit under Title plication(s) list nited States are edge the duty (1.56 which bec	as, United States Coo Application Numbers of States Cored below and, insof d/or PCT application of disclose informaticame available betw	(Month/Date, §119(e) of any U  (Filing  (Filing  (Filing  (Filing  The Control of the State of t	ay/Year Filed)  ay/Year Filed)  ay/Year Filed)  inited States provisional  Date)  Date)  More than 12 Months (6  Date of Filing (Monter)  nited States and/or PC natter of each of the claudided by the first paragial to the patentability and th	Yes Yes Yes Yes applications(s) li Months for Des: h/Day/Year) T application(s), in so of this application of Title 35, its defined in Title is defined in Title	No No Sted below.  igns) Prior to cation is not United States	
Application(s):	(Number)  (Number)  I hereby claim the bene (Application Number)  (Application Number)  All Foreign Application the Filing Date of This Accountry  I hereby claim the bene continuation-in-part ap disclosed in the prior U Code, §112, I acknowl Federal Regulations, §	(Country)  (Country)  (Country)  fit under Title 3  as, if any, for an Application:  efit under Title plication(s) list nited States are edge the duty (1.56 which bec	as, United States Coo Application Numbers of States Cored below and, insof d/or PCT application of disclose informaticame available betw	(Month/Date, §119(e) of any U  (Filing  (Filing  (Filing  (Filing  The Control of the State of t	ay/Year Filed)  ay/Year Filed)  ay/Year Filed)  inited States provisional  Date)  Date)  More than 12 Months (6  Date of Filing (Monter)  nited States and/or PC natter of each of the claudided by the first paragial to the patentability and th	Yes Yes Yes Yes  Applications(s) lies  Months for Desiration (s), sims of this application of Title 35, is defined in Title ion and the nation	No No sted below.  igns) Prior to cation is not United States 37, Code of	

Record PCT/PTO 2 27 APR 2000

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

PLEASE NOTE: YOU MUST COMPLETE

THE FOLLOWING:

Insert Pos Addres

Full Nam

Full Nam

Full Nam

Full Nam

Full Nam

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	·	DATE*					
Hiromitsu TSUTSUI	Hiromitsu TSUTSUI		APR , 18 , 200					
Residence (City, State & Country)	1 1111011111111111111111111111111111111	CITIZENSH						
Nara-shi, Nara JAPAN		JAPAN						
MAILING ADDRESS (Complete Street Address including City, State & Country)								
3-356-5, Nakayamacho-nishi, Nara-shi, Nara 631-0013 JAPAN								
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
•								
Residence (City, State & Country)		CITIZENSH	IP .					
MAILING ADDRESS (Complete Street Addre	ess including City, State & Country)	-						
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Residence (City, State & Country)		CITIZENSH	IP					
MAILING ADDRESS (Complete Street Addre	ess including City, State & Country)							
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Residence (City, State & Country)		CITIZENSH	IP					
MAILING ADDRESS (Complete Street Addre	ess including City, State & Country)							
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Residence (City, State & Country)		CITIZENSH	IP					
MAILING ADDRESS (Complete Street Addre	ess including City, State & Country)							
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
		T avances see						
Residence (City, State & Country)		CITIZENSH	P					
		1						
MAILING ADDRESS (Complete Street Addre	ess including City, State & Country)							